



Supplemental Application Data Sheet

**Application Information**

Application Type:: Regular  
Subject Matter:: Utility  
Title:: SYSTEM FOR IDENTIFYING  
PARAPHRASES USING MACHINE TRANSLATION  
TECHNIQUES  
Attorney Docket Number:: M61.12-0549  
Request for Non-Publication?:: No  
Suggested Drawing Figure:: 2  
Total Drawing Sheets:: 5  
Small Entity?:: No  
Petition included?:: No  
Petition Type::

**Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Given Name:: Christopher J.  
Family Name:: Brockett  
Name Suffix::  
City of Residence:: Bellevue  
State or Province of Residence:: WA  
Country of Residence:: US  
Street of Mailing address:: 13413 NE 36th Place.  
City of Mailing address:: Bellevue  
State of Province of mailing address:: WA  
Country of mailing address:: US  
Postal or Zip Code:: 98005

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US  
Given Name:: William B.  
Family Name:: Dolan  
Name Suffix::  
City of Residence:: Kirkland  
State or Province of Residence:: WA  
Country of Residence:: US  
Street of Mailing address:: 13333 NE 61<sup>st</sup> Street  
City of Mailing address:: Kirkland  
State of Province of mailing address:: WA  
Country of mailing address:: US  
Postal or Zip Code:: 98005

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Given Name:: Christopher B.  
Family Name:: Quirk  
Name Suffix::  
City of Residence:: Seattle  
State or Province of Residence:: WA  
Country of Residence:: US  
Street of Mailing address:: 1720 E. Denny Way #304  
City of Mailing address:: Seattle  
State of Province of mailing address:: WA  
Country of mailing address:: US  
Postal or Zip Code:: 98122

#### **Correspondence Information**

Name:: Joseph R. Kelly  
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State or Province of mailing address:: MN

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E-Mail address:: jkelly@wck.com

### Representative Information

Representative Customer Number::	27366
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### Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application			MM/DD/YY

### Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::
		MM/DD/YY	Yes or No

### Assignee Information

Assignee name:: Microsoft Corporation

Street of mailing address:: One Microsoft Way

City of mailing address:: Redmond

State or Province of mailing address:: WA

Country of mailing address::

Postal or Zip Code of mailing address:: 98052